

**APPLICATION DATA SHEET****Application Information**

Application Number:	10/593,158
Filing Date:	September 18, 2006
Application Type:	National Phase
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R?:	None
Number of CD disks:	0
Number of copies of CDs:	0
Sequence submission?:	No
Computer Readable Form (CRF):	No
Number of copies of CRF:	0
Title:	PROCESS FOR PRODUCING CHLORINATED SUCROSE
Attorney Docket Number:	27678U
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggested Drawing Figure:	
Total Drawing Sheets:	8
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	N/a
Licensed U.S. Govt. Agency:	N/a
Contract or Grant Numbers:	N/a
Secrecy Order in Parent Appl.?:	No

**Applicant Information (1)**

Applicant Authority type:	Inventor
Primary Citizenship Country:	IN
Status:	Full Capacity
Given Name:	Rakesh
Middle Name:	
Family Name:	RATNAM
Name Suffix:	
City of Residence:	Mumbai
State or Province of Residence:	Maharashtra
Country of Residence:	IN
Street of Mailing address:	c/o Pharmed Medicare Pvt. Ltd., Pharmed House, 141 Walchand Hirachand Marg
City of mailing address:	Mumbai
State/Province of mailing address:	Maharashtra
Country of mailing address:	IN
Postal Code of mailing address:	400 001

**Applicant Information (2)**

Applicant Authority type:	Inventor
Primary Citizenship Country:	IN
Status:	Full Capacity
Given Name:	Shrikant
Middle Name:	
Family Name:	KULKARNI
Name Suffix:	
City of Residence:	Mumbai
State or Province of Residence:	Maharashtra
Country of Residence:	IN
Street of Mailing address:	c/o Pharmed Medicare Pvt. Ltd., Pharmed House, 141 Walchand Hirachand Marg
City of mailing address:	Mumbai
State/Province of mailing address:	Maharashtra
Country of mailing address:	IN
Postal Code of mailing address:	400 001

**Applicant Information (3)**

Applicant Authority type:	Inventor
Primary Citizenship Country:	IN
Status:	Full Capacity
Given Name:	Suneet
Middle Name:	
Family Name:	AURORA
Name Suffix:	
City of Residence:	Mumbai
State or Province of Residence:	Maharashtra
Country of Residence:	IN
Street of Mailing address:	c/o Pharmed Medicare Pvt. Ltd., Pharmed House, 141 Walchand Hirachand Marg
City of mailing address:	Mumbai
State/Province of mailing address:	Maharashtra
Country of mailing address:	IN
Postal Code of mailing address:	400 001

**Correspondence Information**

Correspondence Customer Number:	020529
Name:	THE NATH LAW GROUP
Street of mailing address:	112 South West Street
City of mailing address:	Alexandria
State or Province of mailing address:	Virginia
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	22314
Phone number:	(703) 548-6284
Fax number:	(703) 683-8396
E-Mail address:	ip@nathlaw.com

**Representative Information**

Representative Customer Number:	020529
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**Domestic Priority Information**

Application No.:	Continuity Type:	Prior Application No.:	Filing Date (MM/DD/YY) :
This Application	National Stage of	PCT/IN2004/000142	05/20/04

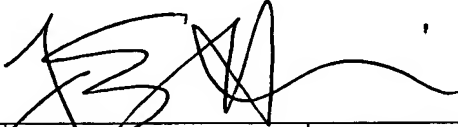
**Foreign Priority Information**

Application No.:	Country:	Filing Date: (MM/DD/YY)	Priority Claimed:
PCT/IN2004/000064	IN	03/19/04	Yes
563/MUM/2004	IN	05/17/04	Yes

**Assignee Information**

Assignee name:	PHARMED MEDICARE PRIVATE LIMITED
Street of mailing address:	Pharmed House, 141 Walchand Hirachand, Marg
City of mailing address:	Mumbai
State/Province of mailing address:	Maharashtra
Country of mailing address:	IN
Postal Code of mailing address:	400 001

**Signature:**

Signature: 			
First Name:	Tanya E.	Last Name:	Harkins
Registration No.:	52,993	Date (MM/DD/YY):	04/25/08